MEETING REPORT

ADDICTIONS AND MENTAL HEALTH RECOVERY DIALOGUE: SIMILARITIES AND DIFFERENCES IN OUR COMMUNITIES

Report of the Dialogue Meeting
September 13, 2012

Convened by the
Recovery Support Strategic Initiative
Substance Abuse & Mental Health Services Administration

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DISCLAIMER
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1.0 Overview

"Some of us have had a long history of working in the civil rights movement. We have an opportunity to change America from the grassroots and build a new sense of community and a new sense of belonging. How can we normalize getting support, help, and care? How do we normalize us as the recovery community?"
-Dialogue participant

The addiction recovery and mental health communities in the United States have taken different historical paths, separate from each other and largely separate from the overall health care system. As full implementation of the Affordable Care Act (ACA) nears, there will likely be dramatic systemic and cultural changes, especially as mental health and substance use disorders services begin to be integrated into primary care settings. The ACA's emphasis on wellness and the management of chronic health conditions, including mental disorders and substance use disorders, offers an opportunity for services and supports that address overall health, including recovery support services. Medicaid, Children's Health Insurance Plan (CHIP), and state benchmark benefit regulatory changes are anticipated to reflect the growing expectation for recovery from mental health conditions and substance use disorders through trauma-informed, culturally attuned, and individualized services and supports.

To facilitate recovery-oriented policy and services decisions in this rapidly evolving environment, the Substance Abuse and Mental Services Administration (SAMHSA) has undertaken an in-depth exploration of the nature of recovery in behavioral health. As part of this endeavor, SAMHSA began a process to garner input from diverse stakeholders on a working definition of recovery that would capture the shared aspects of the experience of recovery across mental health and addiction recovery. SAMHSA's unified working definition of recovery is: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* (SAMHSA's working definition, along with the 4 dimensions and 10 principles of recovery from mental and/or substance use disorders appears in appendix A.)

With this common definition as a foundation, in September 2012, SAMHSA, in partnership with Faces & Voices of Recovery and The Coalition for Mental Health Recovery, hosted a dialogue meeting to further the understanding of recovery from mental and substance use disorders. Because work on the unified recovery definition had focused on common aspects of the recovery experience across mental health and addiction recovery, this meeting was to identify distinctive features of recovery from each health condition. The meeting introduced leaders in the mental health and addiction recovery communities to each other and set the stage for potential future collaboration in specific areas.

Most of the two dozen participants identified themselves as mental health consumer/survivors, peers, and/or people in recovery from addiction. As an introduction, they discussed significant personal and professional issues relevant to their lives and identified their own roles and affiliations. They described themselves as advocates, trauma survivors, state government employees, peer recovery support service providers, recovery community organization executive directors, administrators of consumer-run organizations, program directors, mentors, counselors, family members, policy analysts, and community organizers. (See appendix B for a list of participants).

The meeting began with mutual agreement by participants on a set of guidelines to serve as the foundation for thoughtful and respectful dialogue.

2.0 Common Features of Recovery from Mental and Substance Use Disorders

"One thing that unites us is feeling that we haven't had a voice in our own lives."
-Dialogue participant

"It is important to embrace all pathways to recovery."
-Dialogue participant

"…a huge part of getting better does not come from doctors but, comes from peers… I am touched by how much peer workers save lives."
-Dialogue participant

I gained insight to understand that my problem was unresolved trauma and that that existed before I started using drugs.
-Dialogue participant

Over the course of the dialogue, reflecting on their own experiences and professional expertise, participants identified shared values underlying their views of recovery. The values articulated at the dialogue meeting are congruent with the guiding principles of recovery that accompany SAMHSA's definition of recovery. Simply stated, recovery from mental health conditions and/or substance use disorders emerges from hope; is person driven; occurs via many pathways; is holistic; is supported by peers and allies; is supported through relationships and social networks; is culturally based and influenced; is supported by addressing trauma; involves individual, family, and community strengths and responsibility; and is based on respect.

During their discussion, participants made the following observations regarding congruent values for both the mental health and addiction recovery movements:

- **Hope.** Aspirations for recovery from mental health conditions and substance use disorders center on meaningful activity, friends, and family and the knowledge that people can and do recover.

- **Person-driven.** Both movements value personal choice of the individual's pathway(s) to self-defined recovery.

- **Multiple pathways.** Each person's recovery is unique, and there are many options available for people seeking recovery.

- **Holistic values.** A holistic approach, which involves attention to mind, body, and spirit, and environment, can play a significant role in supporting recovery from mental health conditions and substance use disorders. Under the assumption of "no wrong door," mental health conditions and substance use disorders ideally are addressed in a trauma-informed, culturally attuned, and holistic manner wherever an individual seeks help or support.

- **Peers and allies.** The addiction recovery movement and the mental health consumer/survivor movements both emphasize peer support. Statewide organizations and networks of mental health

consumers/survivors have proliferated, and a national association of mental health peer specialists promotes peer support in mental health and human service settings. The vast indigenous network of peer addiction recovery support—distinct from mutual aid support— is one part of the growing network of addiction recovery support, much of it centered in recovery community and allied organizations. Although peer support for addiction recovery may look different from peer support for mental health recovery, common elements are evident, and the value of peer support and peer services — as a complement to professional services or separate from clinical care—is of particular note. When peer recovery support services are offered prior to addiction treatment, they can ameliorate the problem of long treatment waiting lists, and provide support in recovery management and positive health conditions for the long haul. Mental health peer support provided by at the onset of intensely distressing emotions can diffuse the situation and/or the stressors, resulting in people learning how to more effectively manage and prevent emotionally distress states. The peer movements in both mental health and addiction emphasize the critical importance of peers helping peers achieve and sustain their recovery.

- **Relationships/social networks.** Supportive interpersonal relationships foster recovery. Telling personal recovery stories (in both personal healing and public advocacy efforts) also promotes recovery and broadens public understanding of recovery and policies needed to support recovery. Sharing recovery stories can also promote greater understanding of some of the issues linked with behavioral health problems, such as poverty, discrimination, unemployment and underemployment, and lack of housing.

- **Culture.** Culturally competent approaches can foster recovery. Culture and cultural background – including values, traditions, and beliefs – are keys in determining a person's journey and pathway to recovery. Services should be culturally grounded, attuned, congruent, and competent, as well as personalized to meet each individual's unique needs.

- **Trauma.** Trauma frequently plays a role in both mental health and addiction problems, so addressing trauma as part of recovery is important for both communities. It is important that treatment and recovery support services are provided in a trauma-informed manner.

- **Individual, family, and community strengths and responsibilities.** Heightened community participation (such as, for example, peer support, support groups, education, health literacy, system navigation) promotes and enhances recovery.

- **Discrimination.** Barriers to recovery for people with mental health and/or substance use disorders include: discrimination; external and internalized stigma; oppression; frequently an inability to access quality medical, dental, and optical care; hospitalization or incarceration; and criminalization of mental health problems and substance use disorders. Once a person is incarcerated, lack of access to recovery support and discriminatory policies severely impacts an individual's ability to reintegrate into the community (and when drug-related laws are involved, discrimination may be exacerbated) and achieve long-term recovery.

In addition to acknowledging common values underlying the *process* of recovery from mental and substance use disorders, dialogue participants identified a number of features common to aspects of the mental health and substance use fields' *philosophies* and *approaches* to recovery. These features relate broadly to the context of recovery, systems of care, and elements of advocacy.

- **Context.** SAMHSA's emphasis on health, home, purpose, community resilience, wellness, recovery, and choice sets the context for recovery and both communities' goal for individuals to be able to articulate, harness, and maximize their opportunities in life. Recovery-oriented services and systems

offer benefits to persons seeking care within or without the mental health and substance use treatment systems.

- **Systems issues.** Increased collaboration is needed between the mental health and substance use disorders treatment systems, as well as with allied systems such as corrections, primary health care, child welfare, and education. The crisis orientation of the mental health and substance use disorders treatment systems can limit resources that focus on long-term recovery. Medicaid reimbursement practices for peer services diverge within (and also between) the mental health and addiction recovery service systems. Few states provide Medicaid reimbursement for mental health peer specialist services, and even fewer reimburse for addiction peer recovery support services. Both communities agree that much more research is needed on the effectiveness of the wide range of peer recovery support services. Both movements would benefit from increased emphasis on developing their visions of peer services and recovery to avoid cooption and policy development by others. The incarceration of persons with addictions, like hospitalization of some persons with mental disorders, is costly, doesn't address the underlying health condition, may add to the cumulative trauma to the individual, and may impede progress toward long-term recovery, including independence and community integration.

- **Advocacy and organizing.** Both movements engage in organizing, policy advocacy, and public awareness efforts and need to build their capacity for these activities. Increased efforts and expertise in community organizing would benefit both, particularly when it comes to engaging young people and certain culturally diverse communities, who are under-represented among the leadership of the peer movements. Also, diversity of opinion exists within movements (and beyond) on important issues (e.g., the relative legitimacy of different individual's "lived experience," "harm reduction," relationship to the formal treatment system, the role of pharmaceuticals in recovery, and others). Both movements would benefit from increased emphasis on developing their visions of peer services and recovery to avoid cooptation and policy development by others.

3.0 Distinctive Cultural Features and Approaches in the Mental Health and Addiction Recovery Movements

*In the mental health consumer/survivor movement, people are trying to **break out of** the system and keep from being locked up in institutions, whereas, in addiction recovery, many of us are trying to **break into** the system to get services we want and need*
-Dialogue participant.

In addiction recovery, there is an expectation that you will get back on your feet and into the mainstream, whereas on the mental health side, you are expected to be dependent forever.
-Dialogue participant

I was caught in the grip of addiction…
the mental health services receptionist said sober up first.
It took 27 years to sober up.
-Dialogue participant

The meeting included a discussion on the differences between the addiction and mental health recovery communities and movements. The participants noted that these differences make each of the communities unique and distinguish them in significant ways from one another. Participants also observed that clearly identifying these similarities and differences is valuable for building greater understanding and trust, as well for identifying areas for potential collaboration.

Abstinence: One major difference discussed was abstinence. Not using alcohol or other drugs is a key principle for the addiction recovery community: Abstinence is seen not as an option, but, rather, as a necessary component of achieving and sustaining recovery from addiction.

There is no similar "bright line" that differentiates those in mental health recovery from those not. Although some individuals might argue that the absence of the symptoms of a mental disorder is comparable to abstinence, many in the mental health recovery community do not view absence of symptoms as a necessary condition for recovery. According to the view of most in the mental health recovery field, whether or not one is experiencing signs or symptoms of a mental health condition is not the marker of recovery. The defining features of recovery are complex and individualized and, therefore, must be self-defined. These features generally include, to varying extents, having a fulfllling life in the domains of health, home, purpose, and community.

Because abstinence is a critically important issue for those in addiction recovery, it is important to have sober social activities and places where alcohol and other drug use aren't the defining activities. As a result, there are many opportunities for people in addiction recovery to enjoy leisure and recreation, such as sober music festivals, sober bike and motorcycle rides, sober dances, etc. Recovery high schools and collegiate recovery programs have developed to offered places where young people can continue their education in a recovery-oriented environment. Whether or not an activity or space is alcohol-free is not a relevant issue for the mental health community, and there may be fewer opportunities for organized social/leisure activities for the mental health recovery community.

Medications/Pharmaceuticals: The use and meaning of medication was also cited as a difference between the two communities. On the addiction recovery side, medication-assisted recovery is viewed as a viable choice and, in many cases, a necessary pathway to recovery. At the same time, many individuals who use medications – such as buprenorphine or methadone in their recovery – have felt marginalized in the greater addiction recovery community. However, this is changing, and addiction recovery advocates are working to shape new attitudes toward the use of medication in recovery with the aim of making these medications more accessible and available to those who need and want them in conjunction with other recovery support. In other words, the addiction recovery community is actively promoting access to medications and working to eliminate the discrimination and stigma that has often been associated with its use as a pathway to recovery.

Conversely, in the mental health community, some dialogue participants were uncomfortable with the use of pharmaceuticals in recovery. These individuals expressed the view that, because mental health conditions cannot be reduced to a brain disease, these conditions cannot be addressed through the use of pharmaceuticals. They went on to say that, because there is no evidence that mental health conditions are caused by brain disease or chemical imbalance, pharmaceuticals do not address the underlying cause of this conditions. Other dialogue participants from the mental health recovery community said they thought medications may be helpful or even necessary in some instances.

Although there was no consensus on the use of medications – either within or between the two communities – both communities expressed strong interest in exploring alternatives other than medications, such as yoga, meditation, acupuncture, and other holistic health practices, to assist in achieving and sustaining recovery.

History of Mental Health and Addiction Recovery Movements: The early origins and path of evolution for the two communities and recovery movements was also identified as a difference. The mental health recovery movement had its early roots in formalized treatment systems. Being part of a service system brings access to funding and publicly-available resources (i.e., a mental health condition is recognized for SSDI purposes whereas an addictive disorder is not). However, being part of a formal system also brings the rules, regulations, structure, and bureaucracies associated with formal systems to which the mental health recovery community has responded. The addiction recovery movement grew outside of the context of a formal service system and was driven in large part by people in recovery. This evolutionary path has brought authenticity to the movement but has also led to the need to push at the systems level for

recognition of people with addiction and their unmet service needs. At the same time, there is concern that the benefits of disability (SSDI) may be outweighed by the disadvantages. As one participant said, "We want the benefits of disability, but we may not want disability status because of the stigma and discrimination."

One consequence of the addiction recovery movement's evolution and leadership from individuals associated with Alcohol Anonymous (AA) is a culture of volunteerism and giving back that is integral to the addiction recovery movement's development. Although this culture is owed in part to AA traditions, there is a public organizational infrastructure – recovery community organizations – that embrace volunteerism and giving back. Participation in 12-step fellowships is part of individual programs of recovery, and the movement has developed a growing array of peer recovery support services and institutions to support community-based recovery. The values of supporting recovery through service to others and "giving back" remain a part of the addiction recovery community culture. Although volunteerism is present in mental health recovery, it does not feature so prominently in the culture of supporting recovery as it does in the addiction recovery movement.

Language and Terminology: Another difference that was identified was language. The ways in which each community talks about the issues they face, their experiences within and outside of service systems, and their relationships with those systems are different. There is not a common language between the two communities at this point.

4.0 Opportunities for Collaboration

As the dialogue proceeded, participants brainstormed about possible ways to leverage their resources and influence to achieve mutually beneficial outcomes. Section 4.1 sets forth suggestions for advocacy and public awareness efforts. Section 4.2 presents a series of suggested joint activities that might advance the aims of the mental health and addiction recovery movements.

4.1 Advocacy and Public Awareness

Some of the possible options for activities to promote advocacy and public awareness on a collaborative basis that were raised include:

- Establish technical assistance centers for addiction recovery similar to those in place for mental health.
- Repeal laws and regulations that impede people seeking or in recovery from addiction from receiving benefits and access to housing, employment, and SSI.
- Promote the establishment of recovery residences and mental health transitional housing, particularly by advocating for change in housing ordinances and developing funding streams to support recovery housing.
- Fully restore federal financial aid for students with drug convictions.
- Fully implement the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act to end insurance discrimination.
- Influence implementation of the Affordable Care Act to include peer recovery support services as covered benefits in state benchmark benefit packages, Medicaid, and CHIP.
- Advocate for the appointment of people in addiction recovery to mental health planning councils and/or for a requirement in the Substance Abuse Block Grant that planning councils include the addiction recovery community.

- Promote expansion of recovery environments at all levels of public and private education
- Pursue state and federal legislation to fund mental health and substance use disorders recovery supports, technical assistance centers, training, state-level organizing, research, and evaluation.
- Seek increased funding for SAMHSA and the National Institutes of Health to develop the evidence base for peer recovery support in mental health and substance use services.
  Advocate for treating addiction as a health, not criminal justice, issue.
- Promote policies of social inclusion, for example, a requirement that Medicaid reimburse for services and supports necessary for community integration.
- Require consumer/peer/addiction recovery community participation in institutional accreditation organizations, such as JCAHCO and CARFF.
- Engage in joint advocacy for changes to standards of medical necessity based on services and supports that foster community integration.
- Collaborate across mental health and addiction recovery communities on Medicaid waivers.
- Collaborate across mental health and addiction recovery communities to increase opportunities to leverage community-based funding, for example, for peer-provided personal care assistance.
- Organize communities to expand the *What a Difference a Friend Makes* public awareness campaign to encompass substance use issues.
- When opportunities exist, extend mutual support between movements on the other's policy issues.
- Encourage public education about mental health and addiction recovery by sources other than pharmaceutical companies.
- Collaborate on SAMHSA's Recovery Month and other activities at local and national levels. Mount joint public awareness campaigns, for example, regarding peer support services and other common agenda items.
- Develop strategies to recruit persons in recovery from mental health and substance use disorders to become part of the respective recovery movements.
- Promote resiliency and prevention of mental and substance use disorders.
- Promote a public health approach versus criminal justice approach to mental health and addiction.
- Educate legislators who assume that issues related to *mental health* include *addiction* about the two separate health conditions.

4.2 Issue and Program Development

Participants suggested the following possible collaborative activities on topics of mutual interest:

- Consider strategies to end and prevent discrimination, and social exclusion, and develop alternatives to institutionalization in health care and criminal justice settings.
- Increase opportunities for peer input and control for training and certification of peer support workers (to avoid others making determinations regarding requirements, reimbursement, and other issues) and define the skills and values that should be required of peer recovery workers.
- Develop and conduct modular peer-support training in core areas across systems/disciplines, and develop specialty modules on specialized issues, such as traumatic brain injury, needs of military members, veterans, and their families, adolescents and young adults, and other appropriate topics.
- Develop service provision–level strategies for the mental health and substance use treatment systems to work well together to care for people with co-occurring disorders.
- Devise and implement comprehensive holistic approaches to mental health and addiction recovery in health care settings.
- Extend mental health's empowerment motto, "Nothing about us without us," to the addictions field.
- Collaborate to develop comprehensive local resource directories for persons seeking or in recovery from substance use disorders and mental health conditions (including medication-assisted treatment, , faith-based options, housing and other complementary approaches).

- Mental health world learn from the addiction recovery community about how people in recovery can return to work more quickly.
- Broaden the focus on wellness as a trauma-informed approach.
- More fully articulate roles that spirituality can play in recovery, perhaps in the construct of mind-body-spirit.
- Develop and disseminate educational materials on when, why, and how to self-disclose.
- Consider issues related to publicly talking about recovery status and educate people interested in telling their stories about how to do so. (Editor's note: Faces & Voices of Recovery has a training on this, Our Stories Have Power. http://www.facesandvoicesofrecovery.org/about/trainings_events/media_trainings.php)
- Advocate for more treatment and recovery opportunities in prisons and jails.

5.0 Recommendations for Next Steps

- Continue to engage in dialogues of this nature to enhance understanding between the mental health and addiction recovery communities.
- Develop specific talking points that highlight the unique aspects of mental health and addiction recovery, to accompany SAMHSA's Working Definition of Recovery materials.
- Develop a glossary of key terms.
- Ensure that the voices of youth, women of color, Asian Americans, other specific populations are included in future dialogues and in the development of materials.

9.0 Conclusion

Following the dialogue participants stated that they had gained a keener appreciation for the history, values, and priorities of the mental health and addiction recovery movements; developed an enhanced sense of mutual trust; and increased their enthusiasm for possible collaboration in the future. Although some of the distinctive differences between the two movements were identified, the group consensus was that more time is needed to discuss these issues fully and come to conclusions. The group noted that the current meeting went a long way toward increasing each group's understanding of the other and building trust. They felt more time is needed to fully discuss the distinctive differences.

As next steps, SAMHSA plans to prepare a set of talking points and PowerPoint slides on the differences in the mental health and addiction recovery movements to complement SAMHSA's existing materials on the working definition and principles of recovery, which highlight the similarities. SAMHSA will also prepare a full report of the dialogue proceedings and disseminate it to interested stakeholders. SAMHSA anticipates that stakeholders will use these resources to collaborate on efforts to change the structure and orientation of mental health and substance use disorders services and systems toward a more fully realized recovery orientation.

Appendix A. SAMHSA's Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders

Appendix B. Participant List

References

Substance Abuse and Mental Health Services Administration. (2012, March). SAMHSA's Working Definition of Recovery for Mental Disorders and/or Substance Use Disorders. Retrieved November 30, 2012, from http://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated

Appendix A: SAMHSA's Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes there are many different pathways to recovery and each individual determines his or her own way. SAMHSA engaged in a dialogue with consumers, persons in recovery, family members, advocates, policy-makers, administrators, providers, and others to develop the following definition and guiding principles for recovery. The urgency of health reform compels SAMHSA to define recovery and to promote the availability, quality, and financing of vital services and supports that facilitate recovery for individuals. In addition, the integration mandate in Title II of the Americans with Disabilities Act and the Supreme Court's decision in Olmstead v. L.C., 527 U.S. 581 (1999) provide legal requirements that are consistent with SAMHSA's mission to promote a high-quality and satisfying life in the community for all Americans.

Recovery from Mental Disorders and/or Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- ***Health***: overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- ***Home:*** a stable and safe place to live;
- ***Purpose:*** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- ***Community***: relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, cultures, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationships and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and

drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect*:* Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

SAMHSA has developed this working definition of recovery to help policy makers, providers, funders, peers/consumers, and others design, measure, and reimburse for integrated and holistic services and supports to more effectively meet the individualized needs of those served.

Many advances have been made to promote recovery concepts and practices. There are a variety of effective models and practices that States, communities, providers, and others can use to promote recovery. However, much work remains to ensure that recovery-oriented behavioral health services and systems are adopted and implemented in every state and community. Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them.

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